24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXICIO	TIONES		PAGE 1 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection			FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatterit i	Totection			C C00490375
Check if 24-hour report 48-hour report	New rep	port Amends repo		
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code	— r	1180.00
Oakland	CA	94612		saction ID : D712965 of Disbursement or Obligation
Purpose of Expenditure Ad		Category/ Type		04 13 2016
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Bernie Sanders		Oppose	X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	.,,	33724.42	Disbursemer 2016	nt For: X Primary General Other (specify) ▶
Full Name of Payee The DVC Inquirer			Date	of Public Distribution/Dissemination
			[04 21 2016
Mailing Address 321 Golf Club Rd			Amou	unt
City	State	Zip Code		720.00
Pleasant Hill	CA	94553		action ID : D712966 of Disbursement or Obligation
Purpose of Expenditure Ad		Category/ Type		04 / 13 / 2016
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Bernie Sanders		Oppose	X Presid	lent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		33724.42	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expendi	tures			1900.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	nditures		>	7 7
(c) TOTAL Independent Expenditures			•	14114
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize			
Martha Kuhl	[Electron	nically Filed] Date	e 04	21 2016
Signature				

ochedule L)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F			FEC II	DENTIFICATION NUMBER ▼
INAUUIIAI INUISES UNI	ted for Patient Protection		С	C00490375
Check if 24-hour report	48-hour report New	w report Amends report fi	iled on/	/ D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Autumn Press			M M 04	20 / 2016
Mailing Address 945 Cam	elia St		Amount	
City	State	Zip Code		2005.27
Berkeley	CA	94710-1437	Transaction I	
Purpose of Expenditure Printing		Category/ Type	Date of Disbo	19 2016
Name of Federal Candidate	te	Support Of	ffice Sought:	House District: 00
Bernie Sanders			X President	Senate State: CA
Calendar Year-To-Date Per Election for Office		Di	isbursement For:	Primary General
	7	7	Other (sp	
Full Name of Payee National Nurses Ur	nited		Date of Public	c Distribution/Dissemination
Mailing Address 155 Gr	rand Avenue		Amount	2010
City	State	Zip Code		384.75
Oakland	CA	94612	Transaction II Date of Disbu	D: D712961 ursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	04	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	te	Support O	ffice Sought:	House District: 00
Bernie Sanders				Senate State: CA
Calendar Year-To-Dat Per Election for Office			isbursement For: 016 Other (sp	✓ Primary General
(a) SUBTOTAL of Itemized	I Independent Expenditures			2390.02
(b) SUBTOTAL of Unitemiz	zed Independent Expenditures	•		
(c) TOTAL Independent Ex	openditures			
with, or at the request or si	certify that the independent expendi uggestion of, any candidate or autho cal party committee or its agent.			
Martha Kuhl	<i>[Ele</i>	ectronically Filed] Date	M M / D D D D D 21	/ Y Y Y Y Y 2016
Signature		Date		

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Trational Traises Office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee National Nurses United	Date	of Public Distribution/Dissemination
		04 17 2016
Mailing Address 155 Grand Avenue	Amou	unt
City State Zip	Code	121.50
Oakland CA 94		saction ID : D712962 of Disbursement or Obligation
Purpose of Expenditure Payroll		04 20 7 2016
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Bernie Sanders	Oppose Presid	lent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2016	nt For:
Full Name of Payee		of Public Distribution/Dissemination
National Nurses United		04 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue	Amor	unt
City State Zip	Code	94.50
Oakland CA 94		action ID: D712963 of Disbursement or Obligation
Purpose of Expenditure Payroll		04 20 / 2016
Name of Federal Candidate	X Support Office Soug	ht: House District: 00
Bernie Sanders	Oppose Presid	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	216.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Martha Kuhl [Electronicali	ly Filed] Date 04	21 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Signature	***	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXICIO	TIONES		PAGE 4 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protoction			FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient	Protection			C C00490375
Check if 24-hour report 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code		175.00
Oakland	CA	94612		action ID : D712964 of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		04 / 04 / 20 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	.,.,	33724.42	Disbursement 2016 O	t For:
Full Name of Payee Michael Konopacki				of Public Distribution/Dissemination
Mailing Address PO Box 1917			Amou	
City	State	Zip Code	— r	1800.00
Madison	WI	53701-1917		oction ID : D712950 of Disbursement or Obligation
Purpose of Expenditure Cartoon		Category/ Type		04 21 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District:00
Bernie Sanders		Oppose	X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	1 7 1 1 7	33724.42	Disbursemer 2016	other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· [1975.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Martha Kuhl Signature	[Electron	nically Filed] Date	9 04	21 2016
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	DF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
Natio	onal Nurses United for Patient Protection			C C00490375	
Check if	f 🔀 24-hour report 🗌 48-hour report 🔀 New report	ort Amends repo			Y
	Name of Payee		Date	of Public Distribution/D	issemination
	vier Moreno Polllaroio		IV	04 / 21 /	2016
Mail	ing Address 1521 3rd Ave		Amou	int	
City	State	Zip Code			30.00
Oal	kland CA	94606		saction ID : D712951 of Disbursement or Ob	oligation
	pose of Expenditure Inslation Services	Category/ Type		04 / 21 /	2016
Nam	ne of Federal Candidate	X Support	Office Sough	nt: House D	istrict: 00
Ber	nie Sanders	Oppose	X Preside	ent Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought	33724.42	Disbursemen 2016 O	nt For:	General
	Name of Payee utumn Press			of Public Distribution/D	Dissemination 2016
Mail	ling Address 945 Camelia St		Amou	النالث	_5.0
City	State	Zip Code			1870.90
Bei	rkeley CA	94710-1437		action ID : D712952 of Disbursement or Ob	oligation
	pose of Expenditure nting	Category/ Type		04 / 21	2016
Nan	ne of Federal Candidate	X Support	Office Sough	nt: House D	istrict: 00
Ber	nie Sanders	Oppose	X Preside	ent Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought	33724.42	Disbursemer 2016	nt For:	General
(a) S	SUBTOTAL of Itemized Independent Expenditures		· [171171	1900.90
(b) S	SUBTOTAL of Unitemized Independent Expenditures		· -	7 7	
(c) T	OTAL Independent Expenditures		·		
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.				
		ically Filed] Date	9 04	21 2016	
Si	gnature				

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if X 24-hour report 48-hour report New report	Amends report filed on	M
Full Name of Payee	Date	of Public Distribution/Dissemination
Alliance Graphics	N	04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 8th Street	Amou	nt
City State Zip Code)	3639.63
Berkeley CA 94710		action ID: D712953 of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ		04 21 / 2016
Name of Federal Candidate	Support Office Sough	t: House District: 00
Bernie Sanders	Oppose X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 33724.	Disbursemen 2016	nt For:
Full Name of Payee		of Public Distribution/Dissemination
Alliance Graphics	[04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 8th Street	Amou	int
City State Zip Code	e e e e e e e e e e e e e e e e e e e	20247.37
Berkeley CA 94710		action ID : D712954 of Disbursement or Obligation
Purpose of Expenditure Printing Categor Typ	ry/	04 / 21 / 2016
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Bernie Sanders	Oppose X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 33724	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	······································	23887.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	17171
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Filed	dJ Date 04	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatient Flotection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed on	T = M / D = D / Y = Y = Y = Y
Full Name of Payee	Date	of Public Distribution/Dissemination
National Nurses United	Γ	04
Mailing Address 155 Grand Avenue	Amou	unt
City State Zip	Code	276.75
Oakland CA 94		saction ID : D712955 of Disbursement or Obligation
Purpose of Expenditure Payroll		04 21 2016
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Bernie Sanders	Oppose Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2016	nt For:
Full Name of Payee		of Public Distribution/Dissemination
National Nurses United	Г	04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue	Amou	
City State Zip	Code	100.00
Oakland CA 94		action ID : D712956 of Disbursement or Obligation
Purpose of Expenditure Online Ad		04 21 2016
Name of Federal Candidate	X Support Office Sough	ht: House District: 00
Bernie Sanders	Oppose Presid	lent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		376.75
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(c) TOTAL Independent Expenditures	······································	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Martha Kuhl [Electronical	ly Filed] Date 04	21 2016
Signature		

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				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)			FEC IDENTIFICATIO	N NUMBER ▼
nat	ional Nurses United for Patient Protection			C C00490375	
Check	if 24-hour report 48-hour report New report	ort Amends repo		D D /	Y W Y W Y
	III Name of Payee		Date of	of Public Distribution/[Dissemination
	National Nurses United		M	04 / 19	2016
M	ailing Address 155 Grand Avenue		Amou	nt	
Ci	ty State	Zip Code			364.50
C	pakland CA	94612		saction ID : D712957 of Disbursement or O	bligation
	urpose of Expenditure ayroll	Category/ Type		04 21	2016 Y
Na	ame of Federal Candidate	X Support	Office Sough	it: House [District: 00
В	ernie Sanders	Oppose	X Preside		State: CA
	Calendar Year-To-Date Per Election for Office Sought	33724.42	Disbursemen 2016 O	nt For:	General
	ull Name of Payee National Nurses United ailing Address 155 Grand Avenue		Date o	of Public Distribution/I	Dissemination 2016
"	alling Address 155 Grand Avenue		Amou	ınt	
Ci	ity State	Zip Code			324.00
	Dakland CA	94612	Transa Date	action ID: D712958 of Disbursement or O	bligation
	urpose of Expenditure Payroll	Category/ Type		04 / 21 /	2016
N	ame of Federal Candidate	X Support	Office Sough	nt: House [District:00
В	ernie Sanders	Oppose	X Preside	ent Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought	33724.42	Disbursemen 2016 O	nt For:	General
(a)	SUBTOTAL of Itemized Independent Expenditures		· [7	688.50
(b)	SUBTOTAL of Unitemized Independent Expenditures		•	7 7	
(c)	TOTAL Independent Expenditures		· [
with	der penalty of perjury I certify that the independent expenditures a, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.				
_		ically Filed] Date	04 /	21 / 2016	
	Signature				

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	COMMITTEE (In Full)	ation				FEC I	DENTIFICATI	ON NUMBER ▼
เงสแบกล	al Nurses United for Patient Protec	GuUH				С	C00490375	
Check if 2	24-hour report 48-hour report	New repo	rt Am	nends repo	rt filed on	M = M	/ D D /	Y = Y = Y = Y
Full Na	me of Payee				Dat	e of Publ	ic Distribution	/Dissemination
	onal Nurses United					04 04	15	2016
Mailing	Address 155 Grand Avenue				Am	ount		
City	Sta	ate	Zip Code		$ $ Γ			290.25
Oaklan			94612				ID: D712959 oursement or (
Purpose Payroll	e of Expenditure		Category/ Type			M M 04	/ 21	2016
Name o	of Federal Candidate		X	Support	Office Sou	ght:	House	District:00
Bernie	Sanders			Oppose	X Pres		Senate	State: CA
	llendar Year-To-Date		33724.42	$\neg \neg$	Disbursem 2016		Primary	/ General
-	, ,	,				Other (s		
	me of Payee onal Nurses United				Dat	M = M	/ D D /	/Dissemination
Mailing	Address 155 Grand Avenue				Am	04 nount	16	2016
City	Sta	ate	Zip Code		$ \Gamma$			100.00
Oaklar	nd C	CA	94612				ID: D712960 oursement or	Obligation
Purpose Online	e of Expenditure Ad		Category/ Type			04	21	2016
Name o	of Federal Candidate		X	Support	Office Sou	ıght:	House	District:00
Bernie	Sanders		_	Oppose	X Pres		Senate	State: CA
	alendar Year-To-Date er Election for Office Sought		33724.42		Disbursem 2016		Primary	y General
(a) SUB	TOTAL of Itemized Independent Expenditures				· [7	390.25
(b) SUB	TOTAL of Unitemized Independent Expenditures				. •			
(c) TOTA	AL Independent Expenditures				· [33724.42
with, or a	enalty of perjury I certify that the independent exact the request or suggestion of, any candidate or mmittee) any political party committee or its agen	r authorized						
	Martha Kuhl	[Electronia	cally Filed]	Date	M M M 04	/ 21	20	16
Signa	ture		_		لنت			ــــــــــــــــــــــــــــــــــــــ
			4	4		1	1	

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